

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003384

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 14 1962

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Francois Township

Length of stay in 1b

3M; 30das.

c. FULL NAME OF (If NOT in hospital, give location)

State Hospital #4

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Butler

c. CITY

OR TOWN

Poplar Bluff

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1024 Emma

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Martha

Middle

Elizabeth

Last

Stout

4. DATE OF DEATH

Month

Day

Year

Jan. 14, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-1-93

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months Days Hours Min.

9 13

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Harviell, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

UNKNOWN Geo. T. Luman Cox

13b. MOTHER'S MAIDEN NAME

Susan Jane Stout

14. NAME OF HUSBAND OR WIFE

William U. Stout

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT

Records, State Hosp. #1, Farmington, Mo. & Elmer Stout, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion - - - - - instantaneous.

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic brain syndrome with cerebral arteriosclerosis with psychotic reaction.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 15, 1961, to Jan. 14, 1962 and last saw her alive on Jan. 14, 1962

Death occurred at 6:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

State Hospital No. 4

Farmington, Missouri

22c. DATE SIGNED

1-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal & Burial 1-17-62

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Kinsey Cem.

23d. LOCATION (City, town, or county)

Butler County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Frank-Cotrell Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.

Jan 16, 1962

26. REGISTRAR'S SIGNATURE

Esther Rindloff

(Licensed Embalmer's Statement on Reverse Side)

VS FEB 14 1902

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.